

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	20300	4/2/00
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	32	4/2
FORMALITY REVIEW		7/1/85	4/15/02
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓	..... Rejected	N	..... Non-elected
=	..... Allowed	I	..... Interference
+	(Through numeral)..... Canceled	A	..... Appeal
-	..... Restricted	O	..... Objected

Claim	Final	Original	Date
1	✓	11/2/65	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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11	✓	✓	
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44	✓	✓	
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Claim	Date
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Claim		Date
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**Best Available Copy**

**If more than 150 claims or 10 actions  
staple additional sheet here**

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